Informational Letters in 2007

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"immediate action when medical treatment or emergency responder (police, fire, paramedic, EMT) services are needed to prevent serious harm to an individual."

If there is no licensed medical professional (i.e., MD, NP, RN) on site to assess...

9-1-1 must be contacted immediately or the facility could be subject to a Core Issue

- Choking
- Cardiac arrest
- Seizures
- Uncontrolled bleeding
- Change in resident's consciousness
- Fractures
- Hallucinations
- Residents threatening other residents or staff with harm
- Drug overdose

Once the emergency response arrives...

- The emergency responder's training and protocols determine whether to
 - Respond and evaluate
 - Treat and release
 - Stabilize and transport
- They are <u>not</u> required to transport

It is not appropriate to delay the 9-1-1 call to inform

- Administrator
- Family members
- Hospice Agency

- Hospice Services in a RALF setting <u>can</u> be entirely appropriate
- RALFs are still expected to comply with statute and rule that they "shall not admit or retain any resident requiring a level of care for which the facility is not licensed or which the facility does not provide or arrange for"

- RALFs do not have to accept or retain hospice patients
 - Conscious management commitment to participate in/support coordinated care
 - Discharge to another facility may be appropriate
- There needs to be coordination of care services between RALF and hospice
 - Ignoring resident needs because "he is on hospice" is not acceptable

- Hospice ensures resident medical needs related to terminal illness are met
 - Specific disease state that will be terminal within approximately six months
 - Disease path generally well know
 - Pallative vs. curative care
 - Includes physical, psychosocial, and spiritual needs of resident and family

- Expectation: Coordinated care planning
 - Integrated plan: Who does what and when?
- Hospice identifies specific symptoms and signs of disease progression for facility staff
- Hospice and RALF should identify and agree (in writing) on the specific situations that do <u>not</u> warrant a 9-1-1 call
 - When those situations arise—a call to the hospice agency is appropriate for response/direction

- Once hospice is called; there is a 15 minute window for a response (return phone call)
 - If no response within 15 minutes—call 9-1-1
- If any question whether patient signs/symptoms are related to terminal condition
 - Call 9-1-1 to get emergency response—then call hospice agency